

10/596012

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|----------------------------------|--|---|
| U.S. NATIONAL STAGE FEES | | |
| BASIC FEE | SMALL ENT. = \$ 150 | LARGE ENT. = \$ 300 |
| EXAMINATION FEE | Satisfies PCT Article 33(1) (4) = \$ 50 / \$ 100 | All other situations = \$ 100 / \$ 200 |
| SEARCH FEE | U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400 | All other situations = \$ 250 / \$ 500 |
| FEE FOR EXTRA SPEC. PGS. | minus 100 = | / 50 = |
| TOTAL CHARGEABLE CLAIMS | 49 minus 20 = | 29 |
| INDEPENDENT CLAIMS | 1 minus 3 = | * |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input checked="" type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

| SMALL ENTITY TYPE | <input checked="" type="checkbox"/> | OTHER THAN SMALL ENTITY |
|----------------------|-------------------------------------|----------------------------|
| RATE | Fee | Rate |
| BASIC FEE | 150 | BASIC FEE |
| EXAM. FEE | 100 | EXAM. FEE |
| SEARCH FEE | 200 | SEARCH FEE |
| X \$ 125 = | | X \$ 250 = |
| X \$ 25 = | | X \$ 50 = |
| X \$ 100 = | | X \$ 200 = |
| +\$ 180 = | | +\$ 360 = |
| TOTAL | 450 | TOTAL |

CLAIMS AS AMENDED - PART II

| | | (Column 1) | (Column 2) | (Column 3) |
|---|-------------|---|---|------------------|
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | Minus | ** = |
| | Independent | * | Minus | *** = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| SMALL ENTITY | <input checked="" type="checkbox"/> | OTHER THAN SMALL ENTITY |
|---------------------|-------------------------------------|----------------------------|
| RATE | ADDI- TIONAL FEE | RATE |
| X \$ 25 = | | X \$ 50 = |
| X \$ 100 = | | X \$ 200 = |
| +\$ 180 = | | +\$ 360 = |
| TOTAL ADDIT. FEE | | TOTAL ADDIT. FEE |

| | | (Column 1) | (Column 2) | (Column 3) |
|---|-------------|---|---|------------------|
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total | * | Minus | ** = |
| | Independent | * | Minus | *** = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|---------------------|------------------------|
| X \$ 25 = | | X \$ 50 = | |
| X \$ 100 = | | X \$ 200 = | |
| +\$ 180 = | | +\$ 360 = | |
| TOTAL ADDIT. FEE | | TOTAL ADDIT. FEE | |

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.